

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

SERIAL NO.

10/568285

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		CLAIMS		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2							52							
3							53							
4							54							
5							55							
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42							92							
43	1						93							
44							94							
45							95							
46							96							
47	1						97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							